

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

10/552943

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL NO.							TOTAL NO.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						

Handwritten notes: A large '1' is written in the 'AFTER 1st AMENDMENT' column for rows 1 through 11. A large '3' is written in the 'AFTER 1st AMENDMENT' column for rows 12 through 23. In the bottom row (row 50), there are handwritten numbers: '1' in the 'IND.' column, '17' in the 'DEP.' column, and '18' in the 'TOTAL CLAIMS' column. Arrows point from these numbers to the corresponding columns. Similar arrows are present in the right-hand table.